



### Monkeypox (Mpox) Virus FAQs

The Department of Health (DOH) reported on August 18, 2024, the first case of MPOX (formerly known as "Monkeypox") in the Philippines since December 2023. One of the best ways to defend yourself from contracting Mpox is to educate yourself about the illness. Read through these FAQs for some basic information and continue your research by consulting reliable resources like your doctor, local clinic, or area health authority.

#### Q: What is Monkeypox?

**A:** Monkeypox (Mpox) is a viral illness caused by the monkeypox virus, a species of the genus Orthopoxvirus. In settings where the monkeypox virus is present among some wild animals, it can also be transmitted from infected animals to people who have contact with them. Following a series of consultations with global experts, WHO has begun using a new preferred term "mpox" as a synonym for monkeypox.

#### Q: How can Monkeypox Spread?

**A:** Mpox virus is transmitted from person to person through:

- Close contact with an infected person (sores and body fluids)
- Contact with contaminated materials (clothing, bedding, towels)
- Respiratory droplets
- Animal bites, scratches, or consuming infected meat

During the global outbreak that began in 2022, the virus mostly spread through sexual contact. People with Mpox are considered infectious until all their lesions have crusted over, the scabs have fallen off and a new layer of skin has formed underneath, and all the lesions on the eyes and in the body have healed too, which usually takes from 2 to 4 weeks.

#### Q: What are the signs and symptoms?

**A:** Common symptoms of Mpox include a rash that may last for 2–4 weeks. This may start with, or be followed by, fever, headache, muscle aches, back pain, low energy and swollen glands (lymph nodes). The rash looks like blisters or sores and can affect the face, palms of the hands, soles of the feet, groin, genital and/or anal regions.

#### Q: How is Mpox different from Chickenpox and Measles?

**A:**

SYMPTOMS	MPOX	CHICKENPOX	MEASLES
<b>Fever</b>	1-3 days before rash	1-2 days before rash	3-5 days before rash
<b>Rash Appearance</b>	Looks like blisters or raised firm lesions	Lesions are often in multiple stages of development	Lesions are often in multiple stages of development
<b>Rash development</b>	Slow	Rapid	Rapid
<b>Lymphadenopathy (swelling of the lymph nodes)</b>	Present	Absent	Occasional
<b>Chance of death</b>	Up to 10%	Rare	Varies Widely



**Q: How is Mpox diagnosed?**

**A:** Identifying Mpox can be difficult as other infections and conditions can look similar. It is important to distinguish Mpox from chickenpox, measles, bacterial skin infections, scabies, herpes, syphilis, other sexually transmissible infections, and medication-associated allergies.

- **Contact Tracing:** Contacts should be notified within 24 hours of identification.
- **Testing:** Detection of viral DNA by polymerase chain reaction (PCR) is the preferred laboratory test for mpox. The best diagnostic specimens are taken directly from the rash – skin, fluid or crusts – collected by vigorous swabbing. In the absence of skin lesions, testing can be done on oropharyngeal, anal or rectal swabs. Testing blood is not recommended.

**Q: What are the preventive measures for becoming infected or spreading the Monkeypox virus?**

**A:** The goal of treating mpox is to take care of the rash, manage pain and prevent complications. Early and supportive care is important to help manage symptoms and avoid further problems.

- Avoid contact with infected people/animals that might have the virus.
- Avoid sharing utensils, cups, beddings, towels, and other materials contaminated with the virus.
- Keep pets separate from infected people/other animals.
- wear a mask and cover lesions when around other people until your rash heals.
- Ensure good airflow
- Practice good hand hygiene
- Keep physical distance
- Isolate at home. The infected should not leave unless for urgent medical care.

RITM will serve as the primary testing and isolation facility for suspect, probable, and confirmed cases of Mpox.

**Q: What is the treatment for Monkeypox?**

**A:** Treatment for most people with mpox is aimed at relieving symptoms. Care may include drinking enough liquids and pain management. If infected, isolate at home in a separate room from family and pets until rash and scabs are healed. There is no specific treatment approved for mpox. Symptoms usually resolve on their own without treatment. There are vaccines recommended by WHO for use against mpox. Many years of research have led to the development of newer and safer vaccines for an eradicated disease called smallpox. Some of these vaccines have been approved in various countries for use against mpox.

At present, WHO recommends the use of MVA-BN or LC16 vaccines, or the ACAM2000 vaccine when the others are not available. Health care providers may treat monkeypox with some antiviral drugs used to treat smallpox, such as Tecovirimat (TPOXX) or Brincidofovir (Tembexa). For severe cases, Immunoglobulin (Vaccinia IG), may be recommended.

Only people who are at risk (for example, someone who has been a close contact with someone who has mpox, or someone who belongs to a group at high risk of exposure to mpox) should be considered for vaccination. Mass vaccination is not currently recommended. Travelers who may be at risk based on an individual risk assessment with their healthcare provider may wish to consider vaccination. Currently, no anti-viral or immunoglobulin treatments have been locally approved and authorized for the treatment of mpox by the FDA.

**Q: Is Monkeypox (MPX) vaccine already available in the Philippines?**

**A:** As of this moment, there's no available vaccine for Monkeypox (MPX) in the Philippines.



health&wellness

# FAQs

**Q: What is the required quarantine period if you're a suspect or probable case of Monkeypox?**

**A:** If you're diagnosed as suspect or probable case of Monkeypox, the required quarantine period is 21 days from the onset of symptoms.